



**PRESENTING CLINICAL SIGNS**

**DATE** History: Bradycardia during dental procedure. Concern for AV block.

**ECHOCARDIOGRAPHIC FINDINGS**

2/20/23 2D, M-mode, and Doppler study.

**PERFORMED BY:** Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonary are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Amy Mayhew, LVT

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

LA - 29.5 mm  
LVIDd - 31.9 mm  
LVIDs - 22.6 mm  
FS - 29%  
RA - 21.8 mm  
LVOT - 0.94 m/s  
RVOT - 1.04 m/s

**PATIENT**

Alfie Enders

**ASSESSMENT/RECOMMENDATIONS**

Normal echocardiogram

**SPECIES**

Canine

This examination demonstrates no evidence of structural heart disease. As such, no reason for Alfie's bradycardia is seen in the image set. While I can't rule out an AV nodal disorder as the cause of Alfie's bradycardia, given his age, it's more likely that is bradycardia occurred secondary to elevated vagal tone.

**BREED**

Min. Australian  
Shepherd

If bradycardia/AV block is present at rest, an atropine response test (0.04 mg/kg IV followed by ECG 15-20 minutes later) can be considered to determine whether it is vagally-mediated.

No therapy is recommended based on this exam. Should Alfie require anesthesia again, I recommend pre-medicating him with atropine or glycopyrrolate and avoiding the use of drugs that can lower heart rate, such as alpha-2 agonists.

**SEX**

MN

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.

**AGE**

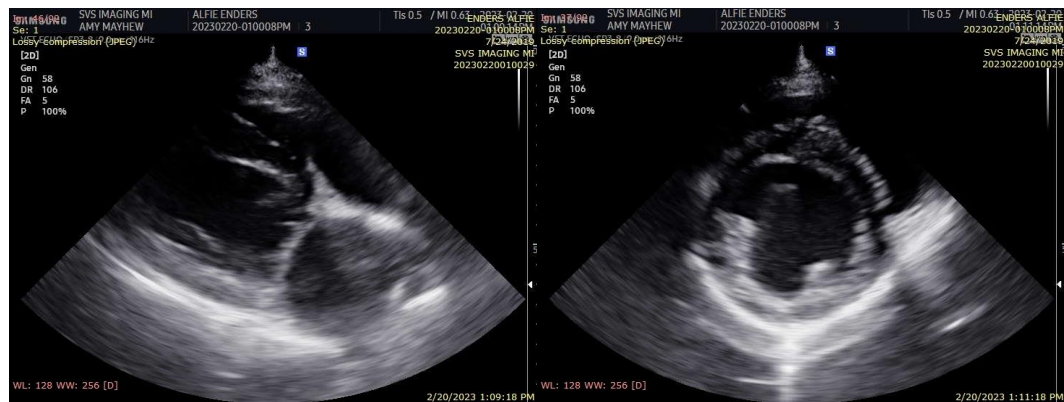
3 y

**WEIGHT**

12.9 kg

**HOSPITAL NAME**

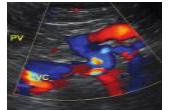
SVS Imaging MI



**REFERRING VET**

Dr. Schechter

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



visible in the image/video clips provided.

**DATE**

2/20/23

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**PERFORMED BY:**

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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631-804-5754

Amy Mayhew, LVT

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**PATIENT**

Alfie Enders

**SPECIES**

Canine

**BREED**

Min. Australian  
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**AGE**

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Dr. Schechter